

SPECIMEN CUSTODY DOCUMENT - DRUG TESTING												A. LABORATORY CONDUCTING DRUG TESTING					
1. SUBMITTING UNIT 22D AREA SUPPORT GROUP ATTN: IBTC UNIT 31401, BOX 73 APO AE 09630						2. ADDITIONAL SERVICE INFORMATION <i>(Second Echelon)</i>											
3. BASE/AREA CODE			4. UNIT IDENTIFICATION CODE			5. DOCUMENT/BATCH NUMBER			6. DATE SPECIMEN COLLECTED (YYYY) (MM) (DD)						B. BATCH NUMBER		C. REPORT OF RESULT <i>(DTG/Serial No.)</i>
<div style="display: flex; justify-content: space-between;"> <span>E</span> <span>3</span> <span>0</span> <span>1</span> </div>			<div style="display: flex; justify-content: space-between;"> <span>W</span> <span></span> <span></span> <span></span> <span></span> </div>			<div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> <span></span> </div>			<div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> <span></span> </div>						D. DRUGS TESTED		
7. SPECIMEN NUMBER		8. COMPLETE SSN				9. TEST BASIS	10. TEST INFORMATION		11. PRESCREEN		E. DISC CODE	F. ACCESSION NUMBER		G. RESULT			
(1)		- -							THC COC								
(2)		- -							THC COC								
(3)		- -							THC COC								
(4)		- -							THC COC								
(5)		- -							THC COC								
(6)		- -							THC COC								
(7)		- -							THC COC								
(8)		- -							THC COC								
(9)		- -							THC COC								
(10)		- -							THC COC								
(11)		- -							THC COC								
(12)		- -							THC COC								
H. CERTIFICATION. I certify that I am a laboratory certifying official, that the laboratory results indicated on this form were correctly determined by proper laboratory procedures, and that they are correctly annotated.												(3) CERTIFYING OFFICIAL <i>(Printed Name and Title)</i>					
(1) SIGNATURE									(2) DATE SIGNED								